

Non-Resident Third Party Administrator Application

(Please Print or Type)



New Application	
-----------------	--

Renewal	
---------	--

INSTRUCTIONS: All sections must be completed; otherwise the application will not be processed.

See the website at <http://www.in.gov/idoi/2352.htm> for Non-Resident requirements.

Section 6 – All items must be included with the application for new applications. *See notations for renewal applications.*

Applications and materials must be sent USPS; no emailed or faxed materials will be accepted.

Section 1					
Applicant Name			Incorporation/Formation Date (month) ___ (day) ___ (year) ____		FEIN -
DBA/Trade Name: (if applicable)			State of Domicile		Country of Domicile
Applicant Type (individual, corporation, partnership, LLC etc)			Resident or Non Resident		
Business Address		City		State	Zip or Foreign Country
Phone Number () -		Fax Number () -		Business Web Site Address	
Business E-Mail Address					
Mailing Address		P.O. Box	City		State
					Zip or Foreign Country
Contact Person Name		Contact Person E-Mail Address			Contact Person Phone Number

Section 2
<p>I certify that <input type="checkbox"/> there have been <u>no changes</u> to any application information and documentation submitted during the last year</p> <p>I certify that <input type="checkbox"/> there <u>have been changes</u> to the previously submitted application information and documentation and the REVISED DOCUMENTATION IS ATTACHED AND MARKED AS EXHIBIT #1, OR EXPLAINED IN THE COVER LETTER.</p>

Section 3															
Jurisdictions															
Indicate State(s) to which you are currently licensed (L) or applying (A) as a TPA															
AL		CT		ID		ME		MT		NC		RI		VA	
AK		DC		IL		MD		NE		ND		SC		WA	
AS		DE		IN		MA		NV		OH		SD		WV	
AZ		FL		IA		MI		NH		OK		TN		WI	
AR		GU		KS		MN		NJ		OR		TX		WY	
CA		GA		KY		MS		NM		PA		UT			
CO		HI		LA		MO		NY		PR		VT			
Indicate State(s) to which at any time you were licensed (L) or engaged (E) in business as a TPA															
AL		CT		ID		ME		MT		NC		RI		VA	
AK		DC		IL		MD		NE		ND		SC		WA	
AS		DE		IN		MA		NV		OH		SD		WV	
AZ		FL		IA		MI		NH		OK		TN		WI	
AR		GU		KS		MN		NJ		OR		TX		WY	
CA		GA		KY		MS		NM		PA		UT			
CO		HI		LA		MO		NY		PR		VT			

Section 4

Background Information

Please read the following very carefully and answer every question:

1. 1. Has the applicant or any entity that controls the applicant, or any owner, partner, officer or director ever been convicted of, or is the applicant or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? *Yes No
 *Previously Provided
 *New Provided

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment

2. 2. Has the applicant or any entity that controls the applicant, or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? *Yes No
 *Previously Provided
 *New Provided

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. 3. Has any demand been made or judgment rendered against the applicant or any entity that controls the applicant, or any owner, partner, officer or director for overdue monies by an insurer, insured, producer, or anyone else or have you ever been subject to a bankruptcy proceeding? *Yes No
 *Previously Provided
 *New Provided

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. 4. Has the applicant or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? *Yes No
 *Previously Provided
 *New Provided

If you answer yes, identify the jurisdiction(s): _____

5. 5. Is the applicant or any entity that controls the applicant or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? *Yes No
 *Previously Provided
 *New Provided

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the applicant or any entity that controls the applicant or any owner, partner, officer or director ever had a contract or any other business relationship terminated for any alleged misconduct? *Yes No
 *Previously Provided
 *New Provided

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. 7. What type(s) of claims will the TPA administer in this state?

(Must check at least one option – Select all appropriate options that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Traditional self insured employee benefit plans | <input type="checkbox"/> Life insurance claims |
| <input type="checkbox"/> Government self-insured employee benefit plans | <input type="checkbox"/> Disability insurance claims |
| <input type="checkbox"/> Fully insured employee benefit plans | <input type="checkbox"/> Dental claims |
| <input type="checkbox"/> Preferred Provider Org (PPO) | <input type="checkbox"/> Provider billing processing |
| <input type="checkbox"/> Prescription drug claims | <input type="checkbox"/> Medical/Managed care |
| <input type="checkbox"/> Other, attach description on a separate document | |

NOTE if items have previously been provided, so state under the Yes, No section for each question

Section 5

Applicants Certification and Attestation

The undersigned owner, partner, officer or director of the applicant hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments are true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the applicant to civil or criminal penalties.
2. Where required by law, the applicant hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the applicant.
3. The applicant grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the applicant either:
 - a) does not have a current child-support obligation or
 - b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration and agree to comply with the requirements set forth in IC 27-1-25 if applying as a resident.
7. I further agree that any agreements entered into the parties will be aware of the requirements and responsibilities set forth in the jurisdictions of which I am applying.

Must be signed and dated by an officer, director, or partner of the business entity, or member or manager of a limited liability company who has authority to act on behalf of the business entity:

Month Day Year

Signature

Typed or Printed Name

Title

Address

City State Zip

Section 6

Attachments for NON-RESIDENT Applications

The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient. For **initial** applications all items are required. For **renewal** applications items 1, 2 & 3 must be provided.

1. Completed application
2. Application fee of \$50
3. A letter of good standing from an Indiana reciprocal state listed on our website at <http://www.in.gov/idoi/2673.htm>. The letter of good standing should be no older than six months from the date of the application.
4. Audited Financial Statement for the two most recent fiscal years (if applicant has been in existence for less than two years, include annual financial statement certified by an officer of the applicant and prepared in accordance with GAAP. If audited financial statement is prepared on a consolidated basis, applicant must provide a columnar or consolidating worksheet detailing: a) the amounts shown on the consolidated audit financial report, b) the amount for each entity stated separately and c) explanations of consolidating and eliminating entries.)

Forward completed application/renewal form to:

**Indiana Department of Insurance
Company Admission Coordinator
311 W. Washington Street, Suite 300
Indianapolis IN 46204**

Checks made payable to: Indiana Department of Insurance